0587

00573

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville — LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Isabelle (Middle) Bartley (Last) Beasten

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 6 1872

9. AGE last birthday: 82 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cecil Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Reduile

14. MOTHER'S MAIDEN NAME: Rachel Bratley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: — —

17. INFORMANT AND ADDRESS: Mrs. James A. Groves Kennedyville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
194.1 Immediate cause	(a) Thrombosis of Carotid Artery	2 hours,
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of Abdomen ?	1 year
	(c) —	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 10, 1953, to Jan 25, 1954 that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 12.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell M.D. — ADDRESS: Still Pond Md — DATE SIGNED: 1/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 28 1954 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county): Still Pond (State): Md

DATE REC'D BY LOCAL REG.: 1-27-54 — REGISTRAR'S SIGNATURE: Edmund Jones.

24. FUNERAL DIRECTOR: B R Ford — ADDRESS: Still Pond Md.

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FEB 2 1954
BUREAU V. S.

0574

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall | LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Rock Hall

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) R. (Last) Carvell

4. DATE OF DEATH: (Month) Jan. (Day) 4, (Year) 1954

5. SEX: Mal. | 6. COLOR OR RACE: Wht | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marrd | 8. DATE OF BIRTH: May 19 1893 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: general - | 11. BIRTHPLACE (State or foreign country): Perry County Pa. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Elvin B. Carvell | 14. MOTHER'S MAIDEN NAME: Catherine Reichenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 180-09-6525 | 17. INFORMANT AND ADDRESS: Mrs. Cathryn E Carvell - Rock Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Coronary Thrombosis — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Atherosclerotic heart disease & congestive heart failure — years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Jan 4, 1954, that I last saw the deceased alive on Jan. 3 1954 and that death occurred at 11.25 A.m., from the causes and on the date stated above.

SIGNATURE: Willard F. Smith MD (Degree or title) | ADDRESS: Rock Hall, Md. | DATE SIGNED: Jan. 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 6, 1954 | NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery | LOCATION (City, town, or county) (State): Rock Hall - Kent - Maryland

DATE REC'D BY LOCAL REG.: Jan 5/54 | REGISTRAR'S SIGNATURE: L Elwood Burgess | 24. FUNERAL DIRECTOR: Marion V. Williams | ADDRESS: Chestertown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 7 1954
BUREAU V. S.

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00575

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X ~~[illegible]~~ Betterton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) T. (Last) CLARK
4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH Sept 16, 1873
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER
10b. KIND OF BUSINESS OR INDUSTRY OWN
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Z. Clark
14. MOTHER'S MAIDEN NAME Rozine Gettes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mr. Edgar Clark, Worton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Probable coronary thrombosis — Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. Hart (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 1-1-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~, (Specify) Burial
DATE THEREOF Jan 5 1954
NAME OF CEMETERY OR CREMATORY Cecil Cemetery
LOCATION (City, town, or county) (State) Cecilton Maryland

DATE REC'D BY LOCAL REG. 1-1-54
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR B. R. Fellows Stillpond Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00576

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) RAY (Middle) (Last) CRISP

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby
8. DATE OF BIRTH: Nov. 22, 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months 1 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leo Crisp
14. MOTHER'S MAIDEN NAME: Ruth Hernandez

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) G — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Leo Crisp - Sudlersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
501X
Immediate cause (a) Laryngospasm (
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchitis ?
DUE TO
(c)

Interval Between Onset And Death: 16 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 2, 1954, to Jan. 2, 1954, that I last saw the deceased alive on Jan. 2, 1954, and that death occurred at 1.2.54, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gepa Kowalewski, M.D. ADDRESS Millington, Md DATE SIGNED 1.2.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 4, 1954
NAME OF CEMETERY OR CREMATORY Sudlersville Cem.
LOCATION (City, town, or county) Sudlersville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 4, 1954
REGISTRAR'S SIGNATURE Edward Fellows.
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington, Md.

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00577

CERTIFICATE OF DEATH

Reg. Dist. No 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chestertown X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural Quaker Neck Section X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Graves

4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1954

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: ? ? 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer on Farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ted Graves

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Hynson Rigby Chestertown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gastric regurgitation

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. High blood pressure

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Dec 20, 1953, that I last saw the deceased alive on Dec 20, 1953, and that death occurred at 10-40 P.M., from the causes and on the date stated above.

SIGNATURE A P Copeland (M D) (Degree or title) — ADDRESS Chestertown Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 10, 1954 — NAME OF CEMETERY OR CREMATORY Sandy Bottom Cem. — LOCATION (City, town, or county) (State) near- Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 8-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes,

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

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JAN 11 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.D. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) RONALD (Middle) (Last) GREEN

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1954

5. SEX: N

6. COLOR OR RACE: Colored

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: April 4-1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 9 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Green

14. MOTHER'S MAIDEN NAME: Amida Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wm. Green Chestertown R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Enteritis, acute, cause unknown — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1954, to 1-14, 1954, that I last saw the deceased alive on 1-14, 1954, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE Robert N Green (DEGREE OR TITLE) M.D. ADDRESS Chestertown Md DATE SIGNED 1-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 15-54 — NAME OF CEMETERY OR CREMATORY Union Lodge — LOCATION (City, town, or county) (State) Near Chestertown Md

DATE REC'D BY LOCAL REG. Jan. 15-1954 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md.

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1974
BUREAU V. S.

0591

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Worton X
LENGTH OF STAY (in this place) Home
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynch Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) HOWARD (Last) JEWELL
4. DATE OF DEATH (Month) Jan (Day) 13 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH Jan 23 1937
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John R. Jewell
14. MOTHER'S MAIDEN NAME Doris Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS G. A. Jewell - Lynch, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.0 Immediate cause (a) 32 caliber bullet wound - left chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with probable cardiac injury

(c)

INTERVAL BETWEEN ONSET AND DEATH: almost instantaneous

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home of friend.
(CITY OR TOWN) Worton (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 13 (Year) 54 (Hour) 7:00 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot when revolver handled by companion discharged accidentally

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 1-14-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Jan 16 1954
NAME OF CEMETERY OR CREMATORY Still Pond Cemetery
LOCATION (City, town, or county) Still Pond (State) Maryland
DATE REC'D BY LOCAL REG. 1-16-54
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR B. R. Pellows ADDRESS Still Pond Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 20 1934
BUREAU V. S.

0532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton — LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betterton
STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HANNAH MOORE

4. DATE OF DEATH (Month) (Day) (Year): 1 12 1954

5. SEX: F

6. COLOR OR RACE: W

7. S[redacted] WIDOWED, D[redacted]D, (Specify)

8. DATE OF BIRTH: Oct 28, 1886

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Violet Crew Betterton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410.1

Immediate cause (a) Probable myocardial infarct — unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable coronary thrombosis

(c) Deceased was found dead in bed on 1-14-54. Last seen & heard from on night of 1-12-54. [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. ~~I hereby certify that I attended the deceased from~~ took charge of the remains described above, [illegible] ~~alive on~~ [illegible] ~~and death in my presence~~ [illegible] ~~and that death occurred at~~ [illegible] m., ~~from the cause and on the date stated above.~~

SIGNATURE: Robert W. Farr — (Degree or title): M.D. — ADDRESS: Chestertown, Md — DATE SIGNED: 1-14-54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Jan 16, 1954 — NAME OF CEMETERY OR CREMATORY: Still Pond Cemetery — LOCATION (City, town, or county) (State): Still Pond, Md.

DATE REC'D BY LOCAL REG.: 1/16/54 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: B. R. Fillows — ADDRESS: Still Pond, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 27
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Reba (Middle) Chaires (Last) Mulford
4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: Jan. 29, 1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN R. CHAIRES
14. MOTHER'S MAIDEN NAME: AGNES KNOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 212-18-6507
17. INFORMANT & ADDRESS: Miss. Phyllis Mulford Chestertown Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-2-0-1

Immediate cause (a) ACUTE MYOCARDIAL OCCLUSION — Interval Between Onset And Death ? 30 min

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1953, to 1-13, 1954, that I last saw the deceased alive on 1-13, 1954, and that death occurred at 11 45 AM, from the causes and on the date stated above.

SIGNATURE Raymond M. Atkins (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 1-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 16, 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 15-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) MARY (Last) PLATER

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1954

5. SEX: Fem.

6. COLOR OR RACE: Colored

7. MARRIED, (WIDOWED), DIVORCED, (Specify)

8. DATE OF BIRTH: 11-6-1906

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-20-4183

17. INFORMANT AND ADDRESS: John Johnson Jr. - Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Heart Disease — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 19 53, to Sept 26 19 53, that I last saw the deceased alive on Sept 26, 19 53, and that death occurred at 8 30 P.m., from the causes and on the date stated above.

SIGNATURE: H.H. Hamilton — (Degree or title): M.D. — ADDRESS: Millington Md. — DATE SIGNED: 1/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Jan. 31 — NAME OF CEMETERY OR CREMATORY: Bethel Methodist — LOCATION (City, town, or county) (State): near Millington Md.

DATE REC'D BY LOCAL REG.: Jan. 31, 1954 — REGISTRAR'S SIGNATURE: Edward Fellows

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00583

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
LENGTH OF STAY (in this place) adult life
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) High St.

3. NAME OF DECEASED: (Type or Print) (First) W. (Middle) Burgess (Last) Schreiber

4. DATE OF DEATH: (Month) Jan. (Day) 14, (Year) 1954 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 18, 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Wholesale Candy
10b. KIND OF BUSINESS OR INDUSTRY: (partner)
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles C. Schreiber
14. MOTHER'S MAIDEN NAME: Sara E. Glenn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 215-24-1562
17. INFORMANT & ADDRESS: Mrs. Anna Schreiber High St. Chestertown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) ACUTE CORONARY OCCLUSION — Interval Between Onset And Death ? 30 MIN.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 ONLY 1-14, 1954, that I last saw the deceased alive on NOT ALIVE, 19....., and that death occurred APPROX 11 40 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Raymond M. Atkins M.D. ADDRESS Chestertown Md. DATE SIGNED 1-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 17, 1954
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Md
DATE REC'D BY LOCAL REGISTRAR Jan. 15-1954
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R. D. 3
STREET ADDRESS (If rural, give location) Quaker Neck

3. NAME OF DECEASED (Type or Print): (First) Telford — (Middle) Noble — (Last) Whaley
4. DATE OF DEATH: (Month) Jan. (Day) 7 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 4 1893
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Manhattan New York City
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nany Whaley
14. MOTHER'S MAIDEN NAME: Janie Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-24-4456
17. INFORMANT AND ADDRESS: Mrs. Frances W. Whaley - Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage — Interval between onset and death: 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterial hypertension — 6 months
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1954 to 1-7, 1954, that I last saw the deceased alive on 1-7, 1954 and that death occurred at 4 Co 8 m., from the causes and on the date stated above.

SIGNATURE: Fred N. Dare — (Degree or title) M.D. — ADDRESS: Chestertown Md — DATE SIGNED: 1-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Jan. 9 1954 — NAME OF CEMETERY OR CREMATORY: Silverbrook Cemetery — LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REG.: Jan 9-1954 — REGISTRAR'S SIGNATURE: Clara S. Barnes — 24. FUNERAL DIRECTOR — ADDRESS: Marion L. Williams - Chestertown Md

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